



Lucas County Juvenile Court
Court Appointed Special Advocate Department
Honorable James Ray, Administrative Judge
Carol Martin, CASA/GAL Director

Please fill out three (3) pages completely and sign the Release of Information page,
FAX to 419-213-6785 or mail to:

Lucas County Juvenile Court CASA/GAL
1801 Spielbusch Ave.
Toledo, Ohio 43624

Attn: Judy Leb, Training

For Office Use Only:

Date Rec'd _____ LCCS Check _____
Date Refs Sent _____ Postcard Sent _____
Date in Log _____ Refs Rec'd 1 2 3
Police Check _____ Interview Date _____

Section I – CASA/GAL APPLICATION

PLEASE PRINT OR TYPE

Today's Date _____

Formal Name _____ Nametag _____
(Last) (First) (Middle) (Prefer to be called)

Date of Birth _____ Social Security # _____

Home Address

(Number & Street) City State Zip Code

Prior Addresses for Last 5 Years & Dates at Each Address: _____

Phone (Home) _____ Phone (Work) _____ Mobile _____

E-Mail (Home) _____ E-Mail (Work) _____ I don't have E-Mail _____

May We Call You at Work? _____ May We E-Mail You at Work? _____
(Yes) (No) (Yes) (No)

Current Employment: _____ Full Time _____ Part Time _____ Not Employed _____ Retired _____ Student

Work Address: _____ Work Telephone: _____

How Long Have You Held This Job? _____ Supervisor: _____

Brief Description of Your Work: _____

Continue to Scroll Down



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Education Completed: ☐ High School ☐ Some College ☐ 2 Yr. Degree ☐ 4 Yr. Degree ☐ Post Grad

Education (Include All Education, Including Major & Minor Fields of Study) _____

Emergency Contact: Name _____ Relationship _____

(Select Someone who does not live with you)

Address _____ Phone (____) _____

List Your Volunteer or Professional Experience with Youth or the Courts: _____

Do You Currently Volunteer in Any Capacity? Yes ☐ No ☐

If Yes, Indicate Position, Agency, & Days/Hours Week: _____

List Any Other Skills/Qualifications You Have That May of Value to the CASA Program: _____

Do You Have a Prior History with Any Child Protective Services Agency? ☐ *Yes ☐ No

*If Yes, please explain: _____

Have You Ever Been Charged or Convicted in a Court of Law? ☐ *Yes ☐ No

*List Offenses and Dates of Each Offense _____

Do You Hold a Valid Ohio Driver s License? ☐ Yes ☐ No

Do You Carry Car Insurance in Accordance with Ohio Law? ☐ Yes ☐ No

Insurance Company Name: _____

Liability Insurance ☐ Yes ☐ No Property Damage? ☐ Yes ☐ No

Any Health Problems or Disabilities? _____

How Did You Learn About CASA? _____

Why Do You Wish to Participate in the CASA Program? _____

Continue to Scroll Down



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Section II

REFERENCE INFORMATION SHEET

YOUR NAME: _____ DATE: _____

Please alert your references that we will be contacting them soon and need a prompt reply.

Do NOT include family members as references.

PLEASE PRINT CLEARLY

REFERENCE #1 : _____

Address _____
(Street) (City/State) (Zip Code)

Home Phone _____ Business Phone _____ Cell _____

How Do You Know This Person? _____ For How Long? _____

REFERENCE #2:

Address _____
(Street) (City/State) (Zip Code)

Home Phone _____ Business Phone _____ Other _____

How Do You Know This Person? _____ For How Long? _____

REFERENCE #2:

Address _____
(Street) (City/State) (Zip Code)

Home Phone _____ Business Phone _____ Other _____

How Do You Know This Person? _____ For How Long? _____

Please continue to scroll down and sign the release form



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RELEASE OF INFORMATION

I hereby give my informed consent to the Lucas County Juvenile Court (LCJC), Court Appointed Special Advocate/Guardian Ad Litem (CASA/GAL) Department to complete a thorough investigation of my character and fitness to be a CASA/GAL Volunteer. I understand that by signing this release, I authorize inquiries to be made concerning my suitability as a volunteer to references that I have provided, which may include my past and present employers. I further authorize police checks, Bureau of Criminal Investigation checks, and children protective services agencies history checks. I understand that information requested in this application and other information that may otherwise be obtained will be used only for the purpose of deciding my fitness and suitability to serve as a CASA/GAL Volunteer. I further understand that Ohio law may require additional background checks on me in the future to remain a CASA/GAL Volunteer. I hereby agree to cooperate with such required checks and/or investigations and to sign all necessary releases or resign as a CASA/GAL Volunteer.

This release is good until revoked by me, in writing, at any time before it has been acted upon.

Criteria used in the selection of CASA/GAL volunteers will be such as to ensure that each accepted applicant is able to meet the responsibilities of a CASA/GAL volunteer. No individual will be rejected because of ethnicity, gender, handicap, nationality, race, religion, sexual orientation, age, if at least 21 years of age, or marital status.

I understand that LCJC CASA/GAL Department reserves the sole right to determine which individuals are suitable to become CASA/GAL Volunteers. Individuals who have been convicted of a felony, who have been convicted of any criminal act involving drugs or alcohol within the past five(5) years and/or who have a history with a children protective service agency may not be accepted as a CASA/GAL Volunteer. An individual who has been adjudicated to have abused or neglected a child including, but not limited to, any sexual offense, abuse, child endangerment, neglect or who has been involved in related acts that would pose a risk to children or to the program's credibility will not be accepted as a CASA/GAL Volunteer.

Print Name _____ Social Security# _____

Date of Birth _____

Signature _____ Date _____



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